

10/560163

IAP9 Rec'd PCT/PTO 09 DEC 2009

Application Data Sheet

Application Information

Application Type:: National Stage
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: PEPTIDE ANALOGUES COMPRISING AT LEAST ONE TYPE OF AMINOACYL AZA-\$G(B)<SP>3</SP>AND THE USE THEREOF, IN PARTICULAR FOR THERAPY
0508-1150
Attorney Docket Number:: 0508-1150
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 0
Total Drawing Sheets:: 7
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: MICHELE
Middle Name::
Family Name:: BAUDY FLOC'H
Name Suffix::
City of Residence:: RENNES
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 2BIS, RUE MOREAU DE JONNES
Address::
City of Mailing Address:: RENNES
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-35000

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: OLIVIER
Middle Name::
Family Name:: BUSNEL
Name Suffix::
City of Residence:: FONTENAY
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: LA BOURRELIERE
Address::
City of Mailing Address:: FONTENAY

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-50140

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: SYLVIANE
Middle Name::
Family Name:: MULLER
Name Suffix::
City of Residence:: STRASBOURG
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 11, RUE BEETHOVEN
City of Mailing Address:: STRASBOURG
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-67000

Correspondence Information

Correspondence Customer Number:: 00466

Representative Information

Representative Customer Number::	00466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/001467	6/11/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03/06992	6/11/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::